

NEW HAMPSHIRE INSURANCE DEPARTMENT

ACH DEBIT authorization for payment of Premium Taxes

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)	
ORGANIZATION NAME: State of New Hampshire Treasury	
ORGANIZATION ID NUMBER: Insurance Dept.	
I (we) hereby authorize The State of New Hampshire Treasury, hereinafter called STATE, to initiate debit entries and to my (our) Checking () Savings () account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.	
DEPOSITORY NAME _____	BRANCH _____
CITY _____	STATE _____ ZIP _____
ROUTING NUMBER _____	ACCOUNT NO. _____
This authority is for payment of the Premium Tax obligation for:	
COMPANY NAME _____	COMPANY NAIC Code _____
This authorization is to remain in full force and effect until the STATE has received written notice from me (or either of us) of its termination in such time and in such manner as to afford The STATE and DEPOSITORY a reasonable opportunity to act on it.	
PRIMARY NAME _____	TELEPHONE# _____
SECONDARY NAME _____	TELEPHONE# _____
DATE _____	SIGNED X _____
	SIGNED X _____

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the Originator in the manner specified in the Authorization. The receiver must be given a copy of their written debit authorizations.